RESPONSE TO ACOG'S STATEMENT OF CONCERN REGARDING HB 4598, A BILL ESTABLISHING LICENSURE FOR CERTIFIED PROFESSIONAL MIDWIVES (CPMs) From the COALITION TO LICENSE CPMs

September 16, 2015

The Coalition was pleased yesterday to finally receive from the American Congress of Obstetricians and Gynecologists (ACOG) a complete list of its concerns with HB 4598, a bill to license non-nurse midwives. Here is our response to these concerns.

STATEMENT:
ACOG supports the worldwide standards for midwifery education and training set by the International Confederation of Midwives (ICM). We strongly advocate the ICM criteria as a baseline for midwifery licensure here in the United States, through legislation and regulation.

RESPONSE:
ICM standards cannot be directly applied to US midwifery licensure: ICM had assumed a nationalized health care regulatory system rather than a federalized one that included fifty different regulatory regimes.

Further, ACOG is adept at picking and choosing which ICM standards they support. For example,

- ICM makes it clear that midwives are expected to be autonomous providers of care. Yet ACOG has failed to support autonomous practice not only for CPMs, but for Certified Nurse Midwives (CNMs), as well.

- Additionally, ICM competencies for all midwives include some that are beyond the scope of both CNMs and CPMs in Michigan. For example, Competency #7 directs midwives to "provide a range of individualised, culturally sensitive abortion-related care services ..."

STATEMENT:
HB 4598 should specify minimum standards for continuing education and competency, as well as recertification.

RESPONSE:
The bill DOES require minimum standards for continuing education and competency, as well as recertification (30 credit hours for every three years, which includes 5 hours of peer review). The NARM requirements are comparable to the Maryland requirements referred by ACOG.

STATEMENT:
There are safety concerns with midwives who practice outside of the hospital setting with little or no connection to the rest of the health care system.

RESPONSE:
Rep. McBroom and the Coalition agree absolutely! Many Michigan CPMs find it difficult to establish strong professional relationships with hospital practitioners.

Midwives in other, recently-licensed states have shared that relationships with hospital personnel, especially during emergency transfers, improved markedly following the enactment of licensure.

STATEMENT:
This scope of practice language is minimal, vague, and not sufficiently prescriptive.

RESPONSE:
Scope of practice restrictions in areas where science is likely to change are best assigned to rules, so that new evidence can be more quickly incorporated into midwifery.

STATEMENT:
The licensure proposal in HB 4598 is premature. As of mid-September, the additional educational credential included in the bill had not yet been affirmed by all seven midwifery organizations (US MERA).

RESPONSE:
ACOG is not a member of US MERA, but here is a statement directly from Ida Darragh, Director of Testing, the North American Registry of Midwives, and a participant in US MERA, from yesterday (September 15, 2015):

"The 7 US MERA groups (US Midwifery Education, Regulation and Association) have all endorsed the additional credential (which will be called the Midwifery Bridge Certificate) added to this bill, as evidenced by the US MERA statement. Further, the actual content of the credential has been signed off by all of them but the American College of Nurse-Midwives (ACNM), which says it is a formality but they have to wait until their face-to-face meeting at the end of September."

If ACOG opposes the educational standards in the bill, let them say so. But let's be clear - they do not speak for US MERA or any of its 7 midwifery organizations.

CONCLUSION

Good law informs health care professionals what they can and cannot do. CPMs now exist in a sort of limbo. The practice of their profession is not explicitly criminalized, but neither are they regulated - all the while they have undertaken to serve the most problematic patients, including the economically disadvantaged, the geographically remote, and the families who insist on a different model of care than is customarily available in hospitals.

CPMs themselves have borne the brunt of the financial burden of caring for families who can ill afford to pay them.

On the other hand, licensing CPMs is still a great bargain for the state, and adds standards and oversight to the mix - just at the time that ACOG is deeply concerned with a growing shortage of obstetricians.

For these and the reasons we have outlined here and in previous testimony, we urge committee members to vote "YES" on HB 4598 (H-2) Draft 4.